

**Maryland Department of Health and Mental Hygiene**

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
Waiver for Older Adults Transmittal No. 16****June 19, 2006**

To: Waiver for Older Adults Providers
Maryland Department of Aging
Area Agencies on Aging

From: Mark A. Leeds, Director 
Long Term Care & Community Support Services

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Re: Fiscal Year 2007 Program Rate Increases and Changes to Waiver Services

On July 1, 2006, payment rates will increase for certain services under the Home and Community Based Services Waiver for Older Adults. The regulatory authority for these changes may be found in COMAR 10.09.54 under Regulation .33C(3). Additionally, effective July 1, 2006 changes will be made to certain waiver services.

The Fiscal Year 2007 payment rates reflect a 1.67% increase. Attached is a list of revised payment rates for Fiscal Year 2007. **Providers may bill using the new rates for services provided on or after July 1, 2006.**

Please note some waiver services are reimbursed in units of one hour and may not be rounded up to one hour for purposes of billing if less than one hour of service is provided. Additionally, please also be aware that provider travel time is not reimbursable by Medicaid.

Program fiscal staff will review billing documents for accuracy and authorization. Only services approved on the waiver participant's plan of care may be reimbursed. Documents with errors will be returned to the provider along with an explanation of the error. Payment for authorized waiver services covered under this program shall be considered as payment in full, and may not be supplemented by payment from other sources, such as the participant, family, a public program, or private agency.



Please note the following changes due to federal policy in Waiver for Older Adults services for FY 2007, effective July 1, 2006:

1. Medicaid may no longer pay for environmental modifications in assisted living facilities.
2. Assistive Devices (in-home) and Assistive Equipment (assisted living), have been combined into one service called Assistive Devices and Equipment (W0214). Assistive Devices and Equipment continue to be available to participants living at home or living in assisted living facilities. However, the assisted living provider can no longer purchase Assistive Devices and Equipment for participants. Waiver participants may identify the Assistive Devices and Equipment waiver provider of their choice through their case manager. Case managers will assist waiver participants to procure needed items as authorized in their plan of care.

Questions regarding this transmittal may be directed to Kristin Jones, Older Adults Waiver Coordinator, at 410-767-5220.

Enclosure (1)

WAIVER FOR OLDER ADULTS
Payment Rates Effective July 1, 2006

Service	Procedure Code	Payment Rate
Assisted Living Services (Level II)	W0216	\$ 1695.36 per month
Assisted Living Services (Level III)	W0217	\$ 2138.58 per month
Environmental Assessment	W1725	\$ 387.83 per assessment
Behavior Consultation	W1724	\$ 60.95 per hour
Senior Center Plus	W1723	\$ 44.32 per day
Personal Care (self-employed, no meds)	W0200	\$ 9.97 per hour
Personal Care (self-employed, with meds)	W0201	\$ 13.01 per hour
Personal Care (agency, no meds)	W0202	\$ 12.75 per hour
Personal Care (agency, with meds)	W0203	\$ 16.62 per hour
Personal Care Nurse Monitoring	W0204	\$ 60.95 per hour
Respite Care (self-employed)	W0205	\$ 9.97 per hour
Respite Care (agency)	W0206	\$ 12.75 per hour
Respite Care (in a nursing facility)	W0220	\$ 132.96 per day
Respite Care (in an assisted living facility)	W0221	\$ 70.91 per day
Family or Consumer Training	W0208	\$ 60.95 per hour
Home-Delivered Meals	W0211	\$ 5.54 per meal
Dietician/Nutritionist Services	W0212	\$ 60.95 per hour
*Personal Emergency Response System (purchase/install PERS)	W0209	Maximum of \$1,000

*Personal Emergency Response System (monitoring/maintenance)	W0210	\$45.00 per month
*Assistive Equipment and Devices	W0214	\$1,000 per 12 month period
*Environmental Accessibility Adaptations	W0207	\$5,000 per 12 month period \$10,000 maximum over lifetime

Please note that other billing limitations apply, as specified in COMAR 10.09.54.

*This rate is not subject to annual inflationary adjustment. This is notice of the current approved rate.